

Town of Framingham First Time Homebuyer Assistance Application and Procedure

BE SURE TO:

- Complete your application
- Sign your application
- And return your application with all appropriate documents to:

TOWN OF FRAMINGHAM
PLANNING DEPARTMENT
Memorial Building, Room B3
Framingham, MA 01702

- If you have any questions, please call (508) 532-5457, Monday through Friday

BE SURE TO INCLUDE COPIES OF THE FOLLOWING WITH YOUR APPLICATION:

- 2003, 2004 & 2005 **W-2'S**, and **Federal tax returns**, including all schedules.
(**State returns are not required**)
- Most recent (last 3 months) savings, checking, and other account balance statements
(such as stocks, bonds, credit unions)
- Four (4) consecutive (right in a row) pay stubs for all jobs from each applicant.
- Letter(s) from employer(s) on company letterhead verifying dates of employment and salary for the last two (2) years.
- Documentation proving other income (such as Social Security, child support, etc.)

Town of Framingham
First Time Homebuyer Assistance Application

Soft Second Loan Program

PART A: PERSONAL INFORMATION

1. APPLICANT

Name: _____ Social Security #: _____

Present Address: _____

Home Phone #: _____ Work Phone #: _____

Are you a U.S. Citizen? ___ If not, are you a permanent resident alien? _____

Do you have a visa that permits you to work in the U.S.? _____
(if so, please provide copy)

2. Co-Applicant

Name: _____ Social Security #: _____

Present Address: _____

Home Phone #: _____ Work Phone #: _____

Are you a U.S. Citizen? ___ If not, are you a permanent resident alien? _____

Do you have a visa that permits you to work in the U.S.? _____
(if so, please provide copy)

3. List all individuals who are living in applicant's apartment/housing unit: (e.g.: spouse, children, parents)

Name:	Age:	Relationship to applicants:	Annual Income:	Social Security#:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List all individuals who will be living in the prospective purchased housing Unit: (if same as #3 above, indicate "Same as #3)

Name:	Age:	Relationship to applicants:	Annual Income:	Social Security#:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Family's past three (3) home address

Address	Dates	Landlord's name & address
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

6. Credit References: Banks, credit cards, loans-(provide names and address):

PART B: EMPLOYMENT INFORMATION

1. APPLICANT

a. Employment Status:

Occupation (job title): _____

Present Employer's Name: _____

Present Employer's Address: _____

Work #: _____ Years on the Job: _____ Annual Salary: _____

b. Employment History

List all jobs you have held in the past five (5) years:

Occupation/Job Title:	Employer Name & Address:	Date of Employment:
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

2. Co-Applicant (if applicable)

a. Employment Status:

Occupation (job title): _____

Present Employer's Name: _____

Present Employer's Address: _____

Work #: _____ Years on the Job: _____ Annual Salary: _____

b. Employment History

List all jobs you have held in the past five (5) years:

Occupation/Job Title:	Employer Name & Address:	Date of Employment:
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

3. If the applicants have income from any of the following sources: second job, social security, welfare, interest and dividend, child support, alimony, or other, please list here:

Be sure to supply copies of checks and/or statements for these sources so we may verify them. If more room is needed, please attach a separate sheet.

PART C: FINICIAL INFORMATION

1. INCOME:

Current household income and sources (include all household members):

	Applicant	Co-Applicant
Employment earnings	\$ _____	\$ _____
Interest/ Dividends	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
Social Security/SSI	\$ _____	\$ _____
Pension/Disability	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Alimony/Support	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Deferred Compensation Program	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Annual Income: \$ _____		\$ _____

2. ASSETS:

Applicant's Savings (list all bank, credit union accounts, stocks, bonds, securities):

Company: _____	Acct #: _____	Balance: _____
Company: _____	Acct #: _____	Balance: _____
Company: _____	Acct #: _____	Balance: _____
Company: _____	Acct #: _____	Balance: _____

Co-applicant's Savings (list all bank, credit union accounts, stocks, bonds, securities):

Company: _____	Acct #: _____	Balance: _____
Company: _____	Acct #: _____	Balance: _____
Company: _____	Acct #: _____	Balance: _____
Company: _____	Acct #: _____	Balance: _____

3. List all properties that each applicant owns or has owned, including those owned with a corporation, trust, partnership or joint venture:

Property Address	Entity	Value or Price	Net Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. If either applicant is expecting financial assistance, such as a gift or a loan, enclose a notarized letter of commitment from the donor, specifying amount and type of assistance, and the donor's relationship to you.

EXPENSES

List all installment debt owned, including bank and retail credit cards, student, auto, personal loans, auto lease child care, alimony/child support, 401(K) loan payments, etc.

Applicant

Credit Company/Lender	Account Number	Monthly Payment	Balance Due	# Payments Remaining
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Amount of rent paid per month: \$ _____

CO-APPLICANT

Credit Company/Lender	Account Number	Monthly Payment	Balance Due	# Payments Remaining
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Amount of rent paid per month: \$ _____
(Report only if rent paid is not included in applicant's rent)

6. Racial/Ethnic Background * (OPTIONAL) *****

_____ **White** _____ **Black** _____ **Native American or Alaskan Native**
_____ **Asian or Pacific Islander** _____ **Cape Verdean**

IMPORTANT:

**APPLICATIONS MUST BE FILLED OUT COMPLETELY.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

RETURN TO:

Framingham Planning Dept., Memorial Bldg. Rm B-3, Framingham, MA 01702

PART D: AFFIRMATION OF INFORMATION

I/ We submit that the information contained herein is accurate and complete to the best of my/our knowledge.
I/We understand that my/our application will be invalid and discarded if any information is found to be falsified.
Permission is hereby granted to verify information contained in this application and to conduct such credit and character checks as are deemed necessary.

SIGNED UNDER THE PAINS AND PENALTIES OF PURJURY THIS ____DAY OF ____, 20__

Signature of Applicant

Signature of Co- Applicant

**This Affidavit must be truthfully completed and submitted as part of the
First Time Homebuyers Assistance Programs Applications.**

1. Do any of the applicants owe the Town of Framingham any moneys for incurred real estate taxes, water and sewer charges or other indebt ness? _____

2. Are any of the applicants of family members of the applicants employed by the Town of Framingham? If so, in what capacity? Please include name of agency or department and position, held in that agency or department.

3. Were any of the applicants ever the owners of any property upon which the Town of Framingham foreclosed for his/her failure to pay real estate taxes or other indebt ness? _____

SIGNED UNDER THE PAINS AND PENALTIES OF PURJURY THIS ____ DAY OF ____, 20__

Signature of Applicant

Signature of Co- Applicant